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ORIGINAL COMMUNICATIONS.

A CASE OF CHRONIC PERICARDITIS, WITH TUBERCULOUS PLEURISY.

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A BRIEF and partial report of the following case was published in an article on the treatment of Pleural Effusions, which appeared in the number of this journal for July 11, 1874; but, as the case has since terminated, and the results have seemed of unusual clinical interest, the entire report is now given:

Mr. B., æt. 26, of well-marked strumous diathesis, had a grave attack of diphtheria in the winter of 1872-3, and had never recovered his previous health, although he was under no medical treatment. In March, 1874, he consulted Dr. Yarrow, his family physician, who found him suffering with extreme dyspnoea, connected with large double pleural effusion. The origin and development of this had been entirely latent, and the symptoms had been gradually increasing. The dyspnoea was constant and alarming, attended with violent play of the *alæ nasi*; there was also extreme pallor of the surface.

Careful internal treatment caused a reduction in the amount of the effusion on the left side, but influenced that on the right side very slightly. I saw the case with Dr. Yarrow in May, with a view of determining the propriety of paracentesis. The evidences of pleural effusion on both sides were very distinct. On the right side the line of dulness reached to the third interspace, in the sitting posture, and was much influenced by change of position. On the left side the effusion came up to the fourth interspace. The entire thorax was distended; the respiratory movements were abrupt and jerking, and consisted mainly of elevation and depression, with some expansion of the apices. They varied from twenty-eight to thirty-six in a minute. The respiratory murmur at both apices was somewhat exaggerated, but otherwise healthy: the percussion-resonance was pseudo-tympanic. The impulse of the heart was very feebly and indistinctly felt over a larger area than normal, and somewhat higher than its normal position. On auscultation, the cardiac sounds were distant, feeble, and muffled, but without any valvular murmur. There was no thrill, nor any retraction of the intercostal tissues over the apex. The pulse was feeble, frequent, varying from 108 to 124, and irregular. There was some hectic irritation, but not enough to countenance the idea of the effusion being purulent. There was marked fulness of the large veins in the neck. There was a good deal of cough, with scanty mucous sputa. The abdomen was tumid; the liver was pushed downwards, and was very painful on pressure. There was but moderate enlargement of the spleen, and none of any of the lymphatic glands. The urine was free from albumen. The appetite was poor, and the action of the bowels irregular.

The diagnosis determined upon was that of tuberculous pleurisy with extensive serous effusion. For a short time the attempt to afford relief by internal treatment was continued, in consequence of the unfavorable nature of the case. This treatment consisted of a milk diet, quinia, iodide of potassium, and digitalis. It was soon evident that no great relief could be hoped for.

He took milk in large quantities, but the stomach grew irritable, and diarrhoea with mucoid stools set in.

After careful consultation, we decided, on June 9, to puncture the right thorax in the sixth intercostal space, in the line of the anterior border of the axilla. Dieulafoy's aspirator was employed, and seventy-five fluid-ounces of straw-colored serum were withdrawn. The closing portion of the operation was very painful,—evidently in consequence of the powerful traction upon the expanding lung. There was still more effusion, but the flow was interrupted by the lung coming in contact with the canula. Immediately after the operation the patient was seized with violent paroxysmal cough, which caused so much pain as to require repeated doses of opium. There was immediate relief of respiration, with a return of respiratory murmur over a part of the area from which it had previously been absent. About six hours later, a very alarming syncopal attack occurred, from which he was roused only by repeated and large doses of stimulants. During the night copious sero-albuminous expectoration commenced, and in the course of the next twenty-four hours almost a pint was discharged. This was compared by the family to the fluid which had been evacuated from the chest, consisting of a clear, serous fluid, in which a large muco-fibrinous coagulum formed. There seemed no real purulent element with it. This copious expectoration continued for about forty-eight hours, becoming mixed with a considerable amount of blood. After this it diminished, and the blood gradually disappeared.

Physical examination showed marked diminution of dulness on right side, with a return of respiratory murmur, mixed with coarse crackling and grating friction-sounds. There seemed to be some reduction in effusion on left side also, but no change could be detected in the action of the heart. It still remained irregular and feeble, with obscure sounds, free from valvular murmur. It was impossible to determine the area of cardiac dulness, owing to the double pleural effusion. The patient experienced a great deal of relief for several days, when again severe dyspnoea gradually set in.

Coarse friction-sounds now appeared over the anterior surface of the left chest, especially marked about the border of the præcordia. Occasionally this friction-sound was of cardiac rhythm, and was detected during suspended breathing. Its position indicated that it was produced by the rubbing of the heart against the concavity of the left lung.

The abdomen continued tumid, with great tenderness over the upper portion. The liver returned in a slight degree only towards its normal position. The irritability of the stomach continued, milk being the only food taken in any quantity. Diarrhoea persisted, requiring the use of opiate suppositories; and œdema of the legs appeared, and rapidly increased. Cough continued, though less troublesome than immediately after the operation. The sputa were purulent, and occasionally blood-stained. About two weeks after the operation he was suddenly seized with a profuse hæmoptysis, to the amount of not less than thirty fluid-ounces in the course of twelve hours. For several days expectoration was quite copious and largely composed of blood.

On June 25 another syncopal attack occurred, attended with prolonged failure of the heart's action. He reacted slowly and imperfectly, and afterwards began to sink gradually, and died June 30.

At the post-mortem examination (twenty-four hours after death), both pleural sacs contained a large amount of clear serous effusion. The surface of both pleuræ was thickly studded with gray miliary tubercles, with scarcely any formation of false membranes. The lungs were

not adherent, but were both compressed and dense, and forced upwards and backwards by the effusion. On section of the right lung, numerous spots of apoplectic infarction were found. These seemed comparatively recent, as no changes of color had occurred in the effused blood. There were but very few and small patches of this kind in the left lung. There were a few miliary tubercles scattered through the tissue of both lungs. There was no trace left to mark the point of puncture.

There was a small amount of serum in the peritoneal cavity, but no signs of inflammation or of tuberculous formation on the peritoneum. The *liver* was enlarged, deeply congested (nutmeg), and was pushed downwards so that at least half of its bulk lay below the margin of the ribs. The *spleen* was nearly threefold its normal size, its pulp firm, and apparently normal, without any tuberculous formations. The *kidneys* were congested, but otherwise healthy.

The *heart* was pressed backwards by the pleural effusion. The outside of the pericardial sac was roughened, and studded with miliary granulations. On cutting into the pericardial sac, its cavity was found obliterated, the heart being imbedded in a layer of old organized lymph, half an inch in thickness, arranged in coarse meshes, infiltrated with sero-purulent fluid. The layers of the pericardium were thickened and vascular, and the lesion was evidently one of long duration. The heart was somewhat enlarged; the valves were healthy, but the muscular structure showed evidences of fatty degeneration.

The case here reported seems to present interesting questions as to its diagnosis, pathology, and treatment. The recognition of the pleural effusion was as simple as possible, but it was not so easy to determine its cause. The extreme pallor and prostration which marked the case from the beginning have been already noted; and so unusual were they as strongly to suggest the existence of some serious cachexia. The urine was entirely normal; and there had been no symptom to attract attention to the kidneys as being at fault. The idea of leukaemia was entertained and dismissed on account of the absence of any marked splenic or lymphatic enlargement, and from the early appearance of double hydrothorax without any other form of dropsy. The idea of the effusion depending on tuberculous disease of the pleura seemed the most plausible, on account of the latent and painless origin, the bilateral character of the effusion, the existence of hectic irritation, though of but slight degree, the strumous diathesis of the patient, and the absence of symptoms of any other cachexia. The absence of hæmoptysis or of any physical sign of tuberculous disease of the lung-tissue was not surprising, since in some cases of serous tuberculosis the viscera escape almost entirely. The peculiar absence of cardiac impulse, and the feeble, distant, and irregular character of the sounds, were observed and commented upon, but, in the absence of any other sign of valvular disease or of pericarditis, were attributed to the pressure of the fluid in the two pleural sacs.

It will be seen, however, that, although the diagnosis was correct so far as it went, the remarkable chronic pericarditis escaped recognition entirely. The characters of this latter lesion indicated that it was of long standing; and my opinion is that it was the initial condition, and possibly dated back to

the attack of diphtheria. Of late years inflammation of the membranes of the heart (especially of the endocardium) associated with granular degeneration of the muscular fibre has been quite frequently observed as a complication of this affection. If the disease had this origin in the present case, the protracted irritation due to the unhealthy suppurative inflammation developed the pre-existing tuberculous diathesis and led to the formation of miliary tubercles on the pleura. It is also seen that the extensive effusion recognized a double cause, the venous stasis due to the condition of the heart, and the disease of the pleurae themselves. The occurrence of pulmonary apoplexy was entirely dependent upon the cardiac disease, although, as will be hereafter remarked, it may have been directly connected with the operation of paracentesis.

In regard to the treatment, the hopeless nature of the case was easily recognized from an early period. Still, it was highly interesting to observe, even in the presence of such extreme cardiac embarrassment, the marked action of digitalis. Beginning with ten drops of the tincture three times a day, it was increased to fifteen drops every four hours. The effect of this was to reduce the pulse from 110 or 120 to 96, to render it more regular, to increase the flow of urine, and to diminish the effusion in the left chest. Unfortunately, with the advance of the disease, digitalis lost the power of controlling the symptoms.

In the performance of paracentesis no difficulty was experienced, except from the severe pain which attended the latter part of the operation; but I would call especial attention to the phenomena which followed,—the occurrence of hæmoptysis and of sero-albuminous expectoration. It was evident, from the painful sense of the traction exerted by the aspirator after a portion of the effusion had been withdrawn, that the lung was unable to expand freely to replace it. It is easy to imagine the effect of this powerful traction upon a lung whose veins were engorged from cardiac disease, and whose vesicular tissue had been so long compressed by effusion as to render it to a great extent unable to expand. The first result would be to induce increased effusion of serum from the vessels of the bronchial mucous membrane, constituting the peculiar sero-albuminous expectoration described; and if the action were powerful enough, it might further cause hemorrhage either from the bronchi, leading to hæmoptysis, or in the vesicular and interstitial tissue, producing apoplectic infarction. It is true that in this case the condition of the heart must have had much to do with the production of these latter phenomena, but the facts that hæmoptysis appeared for the first time immediately after the performance of paracentesis, and that the patches of pulmonary apoplexy were evidently of recent occurrence, show conclusively that this operation was directly connected with them. It is, I think, highly probable that all cases of this comparatively rare form of expectoration after paracentesis, called by the French writers "sero-albuminous," are due to the excessive traction upon the tissue of a lung whose vesicular structure is unable to expand; and

engorgement of the blood-vessels is induced, which is partly relieved by copious effusion of serum from the bronchial mucous membrane. It remains only to notice the syncopal attacks, which were similar, although unusually severe, to those which occur in some uncomplicated cases of hydrothorax. In fact, it has been frequently observed that sudden death may occur most unexpectedly from the interference with the heart's action caused by an excessive effusion, even on one side. It will be readily understood how liable our patient must have been to such alarming attacks, and it is rather to be wondered at that sudden death had not occurred. It is difficult to explain the connection of the operation with the syncopal attack which took place six hours subsequently. Unless a curious coincidence, it was probably due to the excitement and fatigue attendant upon the operation itself.

The liability to such seizures was clearly shown by the occurrence a few days afterwards of an even more alarming attack, despite the relief afforded by the withdrawal of so large a quantity of serum. The operation itself was quite successful, and seems to have been clearly indicated, although, even without a knowledge of the latent pericarditis, it was impossible to hope that it would afford more than temporary relief.

INVERSION OF THE UTERUS FROM SHORT CORD.

BY D. F. WOODS, M.D.

INVERSION of the uterus is, fortunately, a rare accident. On account of its infrequency the following case is of value, and its history may not prove uninteresting to the readers of the *Medical Times*:

About a year ago I attended Mrs. B. in her first confinement. When I arrived at her house, I found her in the first stage of labor. There was nothing worthy of note in this dilating stage. Soon after the commencement of the second stage, the patient complained of a dragging or tearing pain in the region of the umbilicus, which pain was greatly intensified during the contractions of the uterus. Each bearing-down effort was preceded and accompanied by a feeling of dread, and as labor progressed the sensation of dragging or tearing pain became more and more agonizing. The woman described it as "a feeling as if her whole insides were tearing to pieces."

The child presented in the second position (right occipito-anterior) of the vertex. This dragging or tearing sensation lasted through the whole of the second stage, which was prolonged about eight hours.

As soon as the head was delivered, and I could reach the cord, I cut it, applying the ligature some time after to the child. The cutting of the cord did not, however, arrest the already partially-inverted uterus, for a heavy pain stopped by the contraction of the diaphragm brought down the whole contents,—the uterus completely inverted, with its placenta firmly adherent at its fundus. Hemorrhage occurred in great profusion from the inverted organ, which seemed to me to extend to the patient's knees.

With considerable effort I tore the placenta from its firm plastic adhesions, and afterwards endeavored to restore the uterus to its normal position. This at first

was no easy matter, as I found the more I attempted to restore it, the more contracted its mouth became.

Finally I resorted to the following method. With the hips of my patient considerably elevated, the thumbs of both hands applied to the fundus, by degrees I was able to overcome the resistance, and make sufficient indentation to push the fundus with my right hand through the os uteri, which gradually relaxed as it had contracted. By degrees I restored the organ to its normal position in the abdomen. When this was accomplished, my right hand was introduced into the cavity of the uterus, where, holding it, I ordered three drachms of wine of ergot to be given, at the same time making slight friction over the abdomen with the other hand. I soon felt the uterus contract firmly upon my introduced hand, which I gradually withdrew.

The hemorrhage, which to this moment was very profuse, ceased. I applied a bandage with a firm compress to hold the uterus contracted, gave a large anodyne, and ordered two drachms of the wine of ergot to be continued every half-hour until four doses were given, and after that gradually discontinued. The ergot was kept up for ten days, in doses of a drachm every three hours. My patient was considerably exhausted from the excessive hemorrhage, and the next day complained of considerable soreness over the abdomen. Independent of these, she gradually recovered without any further serious untoward symptoms.

The child (a female) was slightly asphyxiated at birth, but soon recovered under the simple treatment of alternate cold and hot douche, and she is now a large child, about a year old.

An examination of the placenta showed signs of former inflammation at its uterine connections, evinced by an excess of what appeared to be fibrinous coagula of considerable hardness. The cord was bound round in a ball with plastic exudation, holding it firmly and moulding it closely to the amniotic layer at the fundus where attachment took place.

The whole length of the cord was not six inches. The woman had a number of falls at various intervals during her pregnancy. At one time, the pavement being slippery, she fell on her door-step, striking her stomach. The injury at no time gave her severe annoyance, except muscular soreness the next day,—not sufficient to call in a physician.

Since the occurrence of the above, I have attended this same patient in her second confinement; the interval being a few days over thirteen months. This last is a large, well-formed male child, and presented in the left oblique of vertex (left occipito-anterior). The mother had a quick delivery, and no difficulty whatever. Both mother and child are doing well.

A CASE OF RUPTURE OF THE BICEPS.

BY J. BROOKE,

Assistant-Surgeon U.S.A.

THE case of rupture of the biceps reported in a recent number of the *Medical Times* recalls one which I observed over five years since.

A discharged soldier, who was an applicant for admission to the Asylum for Disabled Volunteers, presented (I forget in which arm) a deep depression almost in the middle of the belly of the biceps, the muscle having evidently been ruptured and the torn ends remaining separated by an interval of at

least an inch. There seemed to be no muscular connection between the torn ends. The man stated that while one of a party carrying a small house or sentry-box he suddenly felt something give way, and the arm became comparatively powerless. The accident occurred a considerable time before I saw him,—I think over a year,—and the power of flexing the fore-arm was still greatly impaired.

SITKA, ALASKA, August 3, 1874.

BELLADONNA IN SPASMODIC ASTHMA.

BY GEORGE G. WOOD, M.D.

THE communication in the *Philadelphia Medical Times* for August 29, on "Chloral Hydrate and Bromide of Potassium in Spasmodic Asthma," by Dr. Julio J. Lamadrid, has led me to offer my experience with belladonna in the same disease. Being located in a neighborhood where spasmodic asthma abounds plentifully in the autumn, I have had a fine opportunity for testing the value of the various remedies recommended for its treatment. Of all tried, which includes the hydrate of chloral and bromide of potassium, of whose use in spasmodic asthma in this country Dr. Lamadrid claims priority, I greatly prefer belladonna. It is only when belladonna, after a good trial, proves to be contraindicated, for reasons I shall hereafter state, that I make use of chloral; then I consider it the next most available remedy. Bromide of potassium has failed to produce much effect in the cases where I have tried it, either in conjunction with chloral or alone.

Belladonna, by actual experiments on animals, has been found to dilate the bronchial tubes, and keep them dilated so long as the animal remains under the influence of the drug. And, further, this dilatation persists notwithstanding irritants be employed for the purpose of making them contract. These experiments very satisfactorily account for the medicinal action of belladonna in the treatment of spasmodic asthma.

The pathology of the disease teaches us "that it is owing to a spasmodic constriction of the smaller bronchial tubes, by tonic contraction of their involuntary muscular fibres."

Belladonna, then, acts simply by relieving this constriction of the bronchial tubes.

To get the good effects of belladonna in asthma, it must be given in heroic doses. I usually employ the tincture of the United States Pharmacopœia, in doses ranging from twenty to sixty drops. The strength of the tincture differs so much, as commonly kept in the shops, that the size of the dose must be lost sight of, and the quantity given be regulated by the effect produced. It may be given during the paroxysm with great advantage, but it acts best when given before the attack commences. For example, if the patient has nocturnal attacks coming on after midnight, as is usual, give him a dose just before going to bed, and repeat it if necessary to produce sound sleep. He fails to awake at the usual time for the attack to commence, and sleeps on, awakening in the morning very much refreshed

and strengthened. This treatment may be repeated night after night, until sufficient time has been had to remove the tendency of the disease to return, either by changing his location or adopting other requisite treatment, as the case may call for. I could relate several cases to prove the above statements, but will have to omit them for want of space.

Sometimes, but not often, belladonna produces dryness of the fauces, and delirium. These are indications which show that it should be discontinued and hydrate of chloral should be employed in its stead. It may be used on the same principles as belladonna to produce sleep and thus ward off attacks. For the past two years I have been treating spasmodic asthma on these principles, and with most satisfactory results; yet I do not claim any originality in their conception: they are simply hints gathered from many sources, their value being well proven, to my mind, by experience.

MUNCY, PENNA., September 4, 1874.

TRANSLATIONS.

AMPUTATION OF PART OF THE COCCYX IN AMUSSAT'S OPERATION FOR IMPERFORATE RECTUM.—In a communication read before the Société de Chirurgie recently (*Bulletin de la Société de Chirurgie de Paris*), M. Verneuil recommends resection of the coccyx in order to facilitate the establishment of a perineal anus in cases of imperforate rectum. By this means more room is given in which to operate, the ends of the operation are more easily attained, and the after-results are more satisfactory, than in the ordinary procedure, without adding to it any corresponding danger.

He condemns the practice of treating cases of imperforation of the anus by thrusting a trocar in the direction of the supposed termination of the bowel, as being uncertain, inefficient, and dangerous, and recommends the median incision in all cases, with removal of part of the coccyx when necessary. He became convinced of the value of this as early as 1852, by the autopsy of an infant upon whom Littre's operation had been ineffectually performed. In this case the anus opened into a cul-de-sac two centimetres in depth. In the dissection the occluded end of the rectum was found one centimetre above this, where it might have been reached by the ordinary Amussat's operation, although with some difficulty: this, however, could have been obviated by a resection of the coccyx, which brought the distended rectal pouch well into view.

Carrying this principle into practice, he has performed the operation six times, and the details of these cases occupy the greater part of his paper. In these cases—five male and one female—he obtained highly satisfactory results, the credit of which he gives to this modification, which he was obliged to resort to in five out of the six, and affirms that without this help in at least two of them he would have been obliged to relinquish the operation. Four of the children were born at term, one at eight months and one week, the other at eight and a half months. None of them showed any other vice of conformation. In four the anus was well defined, but terminated in a cul-de-sac averaging 12 millimetres in depth, and the intergluteal crease was well marked. In the other two the perineum was rounded and projecting; in one the anus was represented by a tubercle without any opening.

Regarding those simple cases where the occlusion consists merely of a membranous wall, he states that he

has never met with any of them. He has also sought in vain for the fibrous cord which is said to replace the obliterated portion of the intestine and act as a guide to the occlusion. It has been pointed out in dissections, but he found that when operating, if it existed, it was indistinguishable.

He claims that a resection of the coccyx shortens the operation and thus reduces the amount of hemorrhage. Besides exposing the intestine more readily, this operation facilitates materially the close approximation of the mucous and cutaneous edges by suture, thus making a natural muco-cutaneous outlet, and preventing the dangers of infiltration and abscess, or subsequent contraction.

Although four of the cases died subsequently, only one of them showed any symptoms of local trouble after the operation. This one suffered from secondary hemorrhage, orchitis, extensive erysipelas, followed by diarrhoea with prolapse of the bowel (which was reduced spontaneously), and finally died at the end of five weeks. In all of the cases the artificial anus performed its function in a satisfactory manner from first to last. In one case some contraction was noticed, which was remedied by a slight incision; but in none was there any abscess, severe inflammation, or peritonitis.

One of the successful cases was operated upon nine years ago, and the present condition is completely satisfactory. The abridgment of the coccyx is not noticeable, and he shows no material or functional trace of his malformation. In another case of four months' standing the success may be considered as assured. In this case, some months after the operation a urethro-anal fistule was discovered, which was evidently due to the persistence of a communication which is sometimes found in these cases as a cord leading from the bowel to the membranous portion of the urethra.

The paper ends with the following conclusions:

1. Perineal enterotomy is the operation of election in cases of ano-rectal imperforation.
2. It should be performed as soon as possible by the operation of Amussat, which is the least dangerous at the time, and more efficient ultimately.
3. It presents undeniable difficulties, connected with the discovery of the bowel and the fixation of it to the borders of the cutaneous surface.
4. The partial resection of about one centimetre of the coccyx, on an average, diminishes these difficulties considerably.
5. Without destroying much tissue, it allows a great enlargement of the field of operation, enables the operator to reach the rectum when high up, and to attach it to the skin without much traction, or requiring dangerous dissecting from antero-superior adhesions in order to make the bowel movable.
6. It saves us from plunging blindly into the pelvis, and protects the peritoneal cul-de-sac and urinary passages from accidental wounding.
7. It shortens the operation materially.
8. It is easy of execution, and seems, thus far, to be without dangers of its own.
9. The excision of the coccyx is not always necessary, but if after some fruitless attempts the intestine is not found in the wound, or, when found, does not come down well, it should be resorted to without hesitation.
10. If after the said resection the intestine is not *speedily* found, the perineum should be abandoned and the lumbar or iliac operation performed.
11. Perineal enterotomy, although carefully performed and definitely successful, may be followed by a peculiar variety of ano-urethral fistule due to the persistence of an embryonic structure.

In the discussion of this paper at the succeeding séance, M. Verneuil stated that by this means the intestine might be reached at a depth of three centimetres.

F. W.

TWO CASES OF MALIGNANT PUSTULE (Dr. B. Fränkel: *Berliner Klin. Wochenschrift*, No. 22, 1874).—The first patient was a mechanic, aged 42, employed in the shops of a railroad, and was admitted into the Augusta Hospital on the 31st of January, on account of an inflammatory swelling of the neck. He was seen by Dr. F. on the 1st of February, who then found an insignificant-looking crust near the chin and just above the edge of the under jaw, which was surrounded by a swollen area of a bright-red color. The appearance presented was very much that of an acne pustule which had been scratched and irritated. The patient stated that he had noticed a few days previously, at the affected point, a little pimple, which annoyed him by itching; that he had scratched and irritated it; that, in consequence of this, the redness and swelling had increased. The redness and swelling at this time had extended from the neighborhood of the crust over the entire anterior portion of the neck, and on the right side had passed over the clavicle and ended in a sharp line over the deltoid muscle and the first intercostal space. The redness was in all respects like that seen in erysipelas; the swollen part was doughy, with no sense of fluctuation, and in it at certain points could be felt hard bodies, which were, apparently, swollen lymphatic glands. These hard spots were especially noticeable beneath the sterno-cleido-mastoid muscle. The patient was in full possession of his faculties, and complained of nothing except pain in the inflamed portion of his neck and upon moving his head. The temperature was 39.3°. The appearance of the patient gave rise to a suspicion that the wound was due to infection; but the most careful inquiries were all met with a negative answer. The following day the temperature rose to 39.7°; the redness extended itself farther outward and downward on the right side, the patient complained of thirst and difficulty in swallowing, and the mucous membrane of the pharynx was found to be uniformly livid and swollen.

On the 3d of the month the evening temperature was 37°, and the redness and swelling became a little less marked. The patient, however, showed symptoms of asphyxia, became cyanotic, and died.

The autopsy was made on the 5th. The entire connective tissue of the neck was soaked in reddish serum. This oedema followed the trachea into the mediastinum, and could be seen along the bronchial tubes and over the pericardium. It followed, too, the œsophagus, and was seen upon the mesentery. Wherever this oedema was seen, the lymphatic glands were found to be swollen, in some cases to the size of a walnut, and they were so full of dark blood that they presented a striking resemblance to clots of that fluid.

After the diagnosis had been established by the post-mortem appearances, an attempt was made to clear up the etiology of the affection, and it was found that the deceased had been employed in the shop in sorting the hair taken from the cushions of old railroad-cars. New hair, which had been previously disinfected by boiling, was mixed with the old, and it is a question, of course, as to which contained the virus whence the infection came. The infected spot on the chin may have been due to a direct contact of the hair with that part, or, as is more probable, to the inoculation of virus from the fingers by scratching.

The second case occurred in a nurse, aged 36, who up to the time of this attack had been a healthy man. He sewed up the wounds in the body of the former patient which were made at the post-mortem, and seven days later, on the 12th of February, he first felt that he was ill, and on the 13th he was admitted into the hospital. Dr. F. saw him on the 14th and 15th of the same month, and then noticed some small fissures of the skin between the fingers of the left hand, together with

red streaks along the course of the lymphatics in the arm, enlargement of the axillary glands of the same side, and redness in the axilla of the opposite side. On the 15th, asphyxia and cyanosis came on, and on the afternoon of the same day he died, in full possession of his faculties. The symptoms were very similar to those of the former case, the temperature rising to 40.6° on the evening of the 13th, and falling on the 15th to 36°. The thirst, too, was intense, and during the existence of the cyanosis and asphyxia the sounds of the heart were heard with difficulty. The origin of the infection in this case was the body of the previous patient, and the infection must have taken place on the 5th or 6th of the month, so that there was a period of incubation of either six or seven days. The usual localization of the contagion of malignant pustule was not found in this case. There was no œdema nor carbuncle at the point at which the infection took place. If the redness along the lymphatics of the arm had not been seen, there would have been no means of finding out by what channel the infection had taken place, and the case might have been looked upon as one not due to infection from without. The local absorption, however, was most distinctly manifested by the inflammation of the lymphatic vessels, even if carbuncle and œdema were absent. W. A.

DEVELOPMENT OF CANCER OF THE KIDNEY FROM THE EPITHELIUM OF THE RENAL TUBULES.—Pereverseff (*Centralblatt für Med. Wissenschaften*) reports a case of cancer of the kidney, in which the parenchyma of the right kidney, while keeping its normal form and size, was infiltrated by cancerous masses, which in the lower half were thickly pressed together, while in the upper part of the organ they were arranged along the edge of the medullary portion. The cancerous affection involved also the sacro-lumbar lymphatic glands, the omentum, pancreas, liver, etc. In the kidney the beginning of the process could be seen in a noticeable hyperplasia of the epithelial cells, with an increase of the nuclei, and protoplasm and a progressive proliferation of the cells, so that finally the entire calibre of the renal tubules was filled by them, and the tunica propria, which could be distinctly recognized, was thrust forward at many points. The forms of the cells became more varied as their number increased. These changes were not uniform in all the tubules of the same region, and not even at all portions of the same tubule, so that sometimes portions were found intact, while adjacent to them were others in which the cancerous degeneration was fully advanced. No new growth of connective tissue could be found, so that the stroma of the cancer was furnished entirely by the tunica propria and the small amount of connective tissue beneath it. It was only in large masses of degenerated tissue in which no normal renal elements were to be found that there was any interstitial connective-tissue growth, and when here seen it had taken on a cicatricial appearance. Here, too, were seen spindle-formed cancer-cells in connective tissue, but no evidence of a transition from connective tissue into cancer-cells was found. Many of the tubules were not involved in the cancerous degeneration, but were simply atrophied. Both in the uninjured tubules and in those which had undergone degeneration were found hyaline cylinders, and in the right kidney many of the corpuscles of Malpighi had undergone amyloid degeneration, while in the left this was not found to be the case. W. A.

FUNGUS ORIGIN OF ERYSIPELAS.—Dr. Wladimir Lukomsky publishes in *Virchow's Archiv*, Götten Bd., 3tes u. 4tes Heft, the results of certain researches on the origin and nature of the poison of erysipelas.

After some preliminary remarks on various modern views of the affection, Dr. L. gives notes of two series

of cases, as well as of experiments made upon animals, etc.

His conclusions from the first series are as follows. "The following facts," he says, "are established:—1. The conclusions of other authors are confirmed, that severe and rapidly-spreading phlegmonous inflammation of the subcutaneous connective tissue, in which the cutis also takes a decided part, may be developed by the hypodermic injection of fluids containing organic germs.

2. The micrococci multiply rapidly in the connective tissue, and spread principally through the serous canals and lymphatic vessels.

3. This inflammatory process may be brought about by a fluid containing organic germs which at the same time shows no signs of putridity, as, for instance, fluids taken from living individuals. It follows from this that the existence of organic germs cannot in any way be regarded as a criterion of putridity.

4. Putrid (dead) fluids which do not contain micrococci and bacteria are not in themselves sufficient to bring about anything more than a local inflammation, which has no disposition to spread farther.

5. The contents of erysipelatous blebs free from organic germs cannot cause, where subcutaneously injected, any symptoms of disease.

From his second series of experiments Dr. Lukomsky draws the following conclusions:

1. Putrefying materials containing organic forms being placed in contact with a wound immediately bring about severe local inflammation, which may also comprehend the surrounding skin. This wandering disease-process cannot be distinguished in its general symptoms from the so-called erysipelas occurring in human beings.

2. The micrococci and bacteria penetrate the connective tissue by means of the serous canals, and wander by these paths still farther.

3. They are found especially in the peripheric portions of the localized inflammation, and more particularly just where the inflammatory process is making most rapid progress.

4. Erysipelas moves preferably in certain directions. When, for instance, the wound in these investigations on animals lies in the middle line of the back or in its immediate neighborhood, the process spreads with equal rapidity on one side and on the other towards the abdomen, more slowly behind, and still more slowly forward. A. V. H.

EPIDERMIC GRAFTS FROM THE SKIN OF THE RABBIT.—*L'Abeille Médicale*, No. 17, August, 1874, contains an article on this subject extracted from the *Rev. Méd. de l'Est*. After stating the fact that animal grafts are practicable, and giving various synonyms for the term "graft," the writer gives the following "precautions for conveniently performing transplantation:—"

1. If the borders of the ulcer are thick and the surface suppurates abundantly, they can scarcely be expected to heal. It is necessary, therefore, to alter the condition of the sore. For some days alcoholic washes should be used, and the dressing should contain glycerin. Transplantation should not be resorted to until the surface of implantation is covered with firm granulations and even a little dry.

2. Preparation of the grafts. A healthy rabbit should have a small portion of the skin of the back carefully shaved off at some point where the hair has been previously removed with sulpho-sulphuret of calcium. The fragment removed should contain a portion of the dermis and epidermis alone.

3. The fresh fragment should be transported to a portion of the sore previously designated, and which should be prepared by a few small incisions with a bistoury.

4. The fragment of epidermis should be fixed in its place by small strips of oiled paper, the ends of which extending beyond the edge of the sore are fixed by means of collodion. The wound should then be covered with a piece of linen soaked in glycerin and fenestrated; over this a compress of charpie, also soaked in glycerin or glycerole of starch, and a bandage over the whole. Collodion may be used to aid in fixing the bandage. The importance of using every means to prevent the graft from slipping is easily understood.

5. If the wound is in good condition, and but little suppuration is taking place, the dressing need not be removed for forty-eight hours. If, on the contrary, a certain amount of pus continues to be formed in spite of the precautions taken, the dressing should be changed at the end of twenty-four hours. If the fragment becomes fixed, it is slowly transformed, the pigment disappears, the animal epidermis is gradually dissolved, and there remains a mucous surface which easily cicatrizes.

The cicatrix thus obtained has remarkable vitality, and presents a much better appearance than cicatrices obtained by other means.

The writer concludes by remarking that there results from the facts stated the following:

1. Transplantation of epidermis from the rabbit to man can be performed with success.

2. In order that cicatrization shall take place, it is necessary that the graft shall be perfectly fixed. The operation then goes on from a centre of new tissue within the sore, which becomes a centre of cicatrization.

As soon as the extraneous integument once becomes firmly fixed, its pigment disappears, its epidermis disappears, and its cicatrix is from that time part and parcel of the human tissues. A. V. H.

CASE OF POISONING BY DIGITALIN.—Dr. Maguire writes a letter to the *Gaz. Hebdomadaire*, July 24, 1874, giving a case of accidental poisoning by this drug. The case was that of a woman suffering from some affection of the heart, for whom he had prescribed a granule of digitalin every evening.

The patient took it upon herself to swallow a pinch of granules, an amount equal to one-fourth grain. In a few moments she was attacked by extreme præcordial anxiety, cold perspiration, nausea; finally, at three o'clock in the morning (six hours later) she vomited a small quantity of greenish, glairy matter, and experienced severe pain in the region of the stomach. Examined at eight o'clock the next morning, the præcordial anxiety had increased, and the vomiting was recommenced as soon as any liquid was taken into the stomach. The pulse was 90, and full, the action of the heart rhythmical and strongly accentuated, the face pale, the pupils normal, no headache, but cold perspiration, general malaise, bitter taste in the mouth; finally, the patient urinated very abundantly, without pain in the renal region; she preserved perfect consciousness. A cup of coffee containing a pinch of tannic acid was immediately administered. At eleven o'clock in the morning—that is, fourteen hours after the ingestion of the poison—the patient was seized with atrocious cramps in the thighs, calves, and feet; these pains returned every fifteen minutes; the pulse beat 104, full, regular, without intermissions. At 5 P.M. the pulse was 60, somewhat irregular: the face was injected, feebleness extreme, vomiting less frequent, pain diminished, tongue dry. The urine, which had been secreted very abundantly during the day, became entirely suppressed the following night. A little milk and soup were given, and were retained by the stomach. During the next day the patient's condition gradually improved; by night the pulse beat 72, rarely intermittent. In the

course of the following day all symptoms improved, the bitter taste in the mouth and the extreme feebleness alone being persistent for some time. A. V. H.

WOUNDS OF THE HEART.—F. Steudener (*Berliner Klin. Wochenschrift*, 1874, No. 7) had the opportunity of making a post-mortem examination of the body of a suicide who shot himself just beneath the left nipple. The ball, which was small, entered the muscular tissue of the heart, but did not pass entirely through it. Death followed from exhaustion fifteen weeks after the attempt at suicide was made. After inflicting the wound, the patient fell to the ground, but retained consciousness. Soon afterwards, it was noticed that there was both sensory and motor paralysis of the lower extremities. Physical examination of the heart showed that the area of dulness was normal, and also revealed the existence of an indistinct murmur, which upon the following day was found to be a friction-sound indicative of pericarditis. Pneumothorax of the left side was also present, which had forced the heart over towards the right side; the pulse was rapid and small; and below the navel there was complete loss of sensibility, with paralysis of the bladder and rectum. During the three following days the symptoms became more marked, and then as the wound began to heal they became less marked, but the paralysis continued, and a bed-sore which rapidly spread made its appearance. Upon examination of the body after death, the diminution in size of the muscles which had not been paralyzed, as compared with the increase of those paralyzed through fatty degeneration, was quite marked. The lungs were found to contain air, and there were cicatricial pleuritic adhesions and contractions of the upper lobes. The heart was somewhat hypertrophied, and at all points attached to the pericardium by fine fibres of connective tissue. On the left ventricle was found a furrow two centimetres in breadth, filled with connective tissue which started at the apex of the heart, and beneath this cicatricial tissue the muscle of the heart was but 1.5 mm. in thickness. The beginning and end of this track of connective tissue corresponded to perforations in the pericardium, in the neighborhood of which were found grains of powder. The spinal column was entirely severed between the tenth and eleventh thoracic vertebræ, and the ball was found in the right side of a vertebra. Both portions of the vertebral column were joined by bands of connective tissue; the lower segment was softer than the upper, and the gray substance could be but indistinctly seen. W. A.

THE TREATMENT OF VENEREAL BUBOES.—Sauszinski (*Centralblatt für Chirurgie*, No. 6, 1874) has adopted the method of opening buboes by a small perforation, as was advised by Ricord and later by Zeissl, and has tried it in eighty-two cases of this complication of venereal disease. The bubo is opened with a narrow bistoury, the pus is pressed out through the wound, and it is then dressed with a graduated compress moistened with lead-water, over which a small sack filled with sand is laid. The whole dressing is then fastened by means of a Spica bandage, and the patient is confined to his bed for the first few days. At first the compress is renewed twice during the day, but later, when suppuration has diminished, only once, the wound being washed with warm water at each dressing. The sack of sand is used until the edges of the wound become attached to the tissues beneath, when the dressing is changed to charpie and adhesive strips. The advantages claimed for this method of treatment over that by free incision are that the risks of having distinctive ulcerative processes in the wound are much less, and the time needed for its closure is shortened from forty-nine to twenty-eight days. W. A.

PHILADELPHIA MEDICAL TIMES.

A WEEKLY JOURNAL OF
MEDICAL AND SURGICAL SCIENCE.

The Philadelphia Medical Times is an independent journal, devoted to no ends or interests whatever but those common to all who cultivate the science of medicine. Its columns are open to all those who wish to express their views on any subject coming within its legitimate sphere.

We invite contributions, reports of cases, notes and queries, medical news, and whatever may tend to increase the value of our pages.

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SATURDAY, SEPTEMBER 19, 1874.

EDITORIAL.

PROF. JEFFRIES WYMAN.

THE news of the death of Prof. Jeffries Wyman will be received with great sorrow. He represented a type of intellect so rare, produced such excellent results, influenced for good so much that is best among the works of the younger anatomists, and withal bore his great faculties so meekly, that he was justly esteemed as one of the foremost of men.

Everything that he did wore the impress of a strong individuality. None of his memoirs are of great length, but they embraced an unusual variety of subjects. His style was clear, and therefore attractive, and his matter as remarkable for what it suggested as for what it directly taught. He anticipated in his paper on "Spontaneous Generation" the brilliant labors of Bastian; he was the first to invite attention to the plan of arrangement of the cancelli of bone, antedating Wolfermann by many years; he exploded the notion of the mathematical value of the cells of the honey-comb; he derived results of exact value from the difficult field of intermembral homologies and antero-posterior symmetry. He also contributed a valuable memoir on the asymmetry of the human cranium, was the first to draw attention to the curious flattening of the tibia of North American Indians, and also gave the original description of the skeleton of the gorilla. He added to our knowledge of embryology and the anatomy of the nervous system in two of his most elaborate papers.

As an example of the accuracy of his information, we may mention the service he rendered in the famous Webster-Parkman case. It will be remembered that portions of the body of the murdered man had been mutilated and burned. The debris containing the suspected remains were given to Prof. Wyman for examination, who, in his report, accurately placed and described twelve minute fragments of the skull, with some portion of the trunk and the extremities. It is said that at one time a favorite amusement of his was to exercise his skill in identification by restoring in position the fragments of a bone he had previously comminuted.

Prof. Wyman's powers of work had been seriously impaired by the encroachments of consumption,—the disease of which he died. He had been compelled for several years to live in Florida during the winters, but not to rest, for his pen during these enforced visits was active in describing the shell-heaps of that section of the country. From the examination of some of these he deduced—chiefly by the condition in which human bones were found—that cannibalism must have been a long-standing custom among the aborigines frequenting the mounds.

In more than one respect Prof. Wyman resembled John Goodsir. He had the same splendid power of patient observation conjoined to the rare faculty of happy and profound speculation. He resembled him also in temperament, and—may we add?—in the somewhat desultory character of his work and carelessness of his own claims. We hope that Prof. Wilder—Wyman's best-known pupil—will do for his preceptor what has been done for Goodsir,—collect and edit the memoirs of this great and good man.

PHILADELPHIA HOSPITAL.

AS most of our readers know, we have time and again denounced this institution as entirely behind the requirements of the age. We have also stated that the Board of Guardians, in our opinion, did what they could with the amount of money at their disposal; that the fault of the managing board was not in maladministration of their trust, but in that they did not lay open the hidden places of the institution under their charge, and appeal to Councils and citizens for sufficient money to place the hospital upon a proper footing.

Within the last two years the composition of the governing board has been materially altered, and we are glad to be able to bestow a meed of praise upon it and upon the steward which it has chosen.

It is true that little has yet been actually accomplished; but there are indications of a better spirit and of a determination to improve the condition of affairs. The pride of the old board appeared to be to demonstrate how cheaply they could run the hospital; the new board seem to recognize the fact that there is something of more value than money. The present steward, Major Phipps, appears to be alive to the needs of the place, and to be anxious to do what is right in the matter. In his annual report just received he points out things which ought to be altered and improved, although the expense would be heavy,—confessing tacitly the great and pressing need there is of change. The Receiving Ward has long been a horrible place, and we learn that the board is to meet the Council Committee of Finance to obtain an appropriation with which to build a new one. We are both glad and sorry for this: glad, because it indicates a right spirit in the ruling board, and because the need of a *temporary* structure as a present relief is so great; sorry, lest so large an amount of money should be spent as to add new strength to the accursed union of the living and the dead, of the unfortunate sick and the pauper.

Will patching make the garment of a century ago a thing of beauty or of service? The whole plan upon which the almshouse exists is cruelly wrong, unjust, and unjustifiable, even by the merest motives of policy. Even the ambulance system recently inaugurated is, from its association, a curse rather than a blessing. A stranger is hurt in the streets of the city; the telegraph summons aid; he is borne by the ambulance to—where? To a ward filled with paupers, to a bed prepared by paupers, to the improper association, nursing, and food, with all the other inconveniences necessarily connected with an institution whose attendants are chiefly chosen from the ranks of paupers. Think of a city like Philadelphia herding the honest poor in their hour of sickness with the pauper and the outcast! A city of nearly a million of inhabitants with no municipal hospital, save as a department of its almshouse! No, gentlemen of the Board of Guardians, however honestly you strive, whatever minor reforms you institute, your work will be as naught, and the responsibility of human demoralization, if not of human life, will be upon you, unless you boldly place the truth before the community, and tell this city, which can spend millions upon its pleasure-bridges, that its charity fails in the fountain-head, and that its municipal hospital, which ought to be the chiefest of its jewels, is to-day a by-word of reproach, a fountain of demoralization and disgrace.

CORRESPONDENCE.

TRANSACTIONS OF THE NEW YORK SOCIETIES.

AT the meeting of the New York Neurological Society, held September 7, Clinton Wagner, M.D., read a paper on "Certain Nervous Diseases of the Throat."

After mentioning several cases occurring in his own practice, he enumerated as the causes of functional loss or impairment of the voice—hysteria; violent mental action from fright, joy, or grief; general debility; catarrh; overstraining of the voice in singing, loud talking, or prolonged exertion; reflex action; mechanical causes; poison: each of which was carefully reviewed.

In the way of treatment, he said that in simple, uncomplicated functional aphonia or dysphonia, local remedies which bring about a reflex contraction of the muscles of the larynx concerned in voice-production will be found in many cases all that is necessary. Particularly is this the case in aphonia of hysteria. Electricity applied directly to the vocal cords in this variety rarely fails to restore the voice.

Lotions of nitrate of silver, perchloride of iron, cupri sulph., zinci sulph., varying in strength from half a drachm to two drachms to the ounce, applied with a brush or inhalations of the same through the steam atomizer, or in the form of spray produced by compressed air, through Sass's tubes, are very useful in cases in which there is congestion of the mucous membrane of the cords and adjacent parts. Vapor inhalations of the ol. fol. pini sylvestris, creasote, or ol. junip. anglici, are serviceable in cases of dysphonia from a relaxed condition of the vocal cords.

Where the aphonia depends upon or exists in connection with an inflamed condition of the mucous membrane of the larynx, the remedies enumerated above should be employed; but if that condition does not exist, the sheet-anchor in the treatment is electricity, and time is lost by resorting to other means of treatment. This agent is not a new one in treating aphonia. In 1800, Grafengiesen, of Berlin, applied it to the neck; but Mackenzie has the credit of having first applied it to the mucous membrane of the larynx over the paralyzed muscle. In using it, a band is fastened around the neck, to which one pole is attached over the thyroid cartilage; the other pole is fastened to a metallic sound, bent at the proper curve, and passed over the epiglottis into the larynx by the aid of the laryngoscope. It is immaterial whether the negative or the positive pole is introduced into the larynx.

The constant current is generally employed, from a twenty-cell battery. Never more than from four to eight cells are used for internal applications. In cases of long standing the interrupted current is sometimes employed by the essayist, and in such cases more decided results have been obtained than from the constant current, probably owing to the greater muscular excitation produced. As regards pain, the patients complain that the constant current is more severe.

Other means of treatment have been tried with success. Burns has cured cases by introducing a mirror, and causing the patient to utter vowel-sounds, and then combining them with consonants.

In regard to the early treatment of impairment of the voice occurring in singers and public speakers, the physician should insist above all things upon absolute rest of voice for weeks or even months; at the same time employing locally the mild astringents to relieve the congestion, after which the constant current.

In laryngeal neuralgia, which is occasionally met with as a true neurosis and independent of any other morbid process in the same individual, the treatment which Dr. Wagner has found most useful has been large doses of the tincture of iron and quinine, and insufflation of tannic acid and morphia into the larynx. Aconite liniment over the seat of pain gives temporary relief. Hypodermic injections of morphia are useful. Electricity in the form of the faradic current has had the effect of increasing the pain, from the muscular excitation it produces; and the constant current has failed to give the relief claimed for it by others who have used it. In nervous sore throat, an affection difficult to diagnose and still more so to treat satisfactorily, local applications of iron in the form of spray, and morphia applied with a brush, gave great relief. It sometimes accompanies hysteria, in which case the general health must be improved by tonics, generous diet, and change of air. If the patient has lived in the damp sea-air of the coast, a change to a dry, mountainous region will be found beneficial, and *vice versa*. Local applications should be of a mild, soothing character. Much benefit in the hands of the essayist has been derived from morph. sulph., gr. vi to $\frac{3}{4}$ aque, applied by means of the brush to the parts complained of; also, sprays of the same, or weak solutions of zinc or iron.

W.

NEW YORK, Sept. 8, 1874.

MEETING OF THE BRITISH MEDICAL ASSOCIATION.

NORWICH, ENGLAND.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

DEAR SIR,—On the third day of the meeting of the Association, Mr. Lund, of the Royal Infirmary of Manchester, read before the Surgical Section an interesting paper on "Incision *versus* Excision of the Knee-joint in Children." He presented his plan of dividing subcutaneously, and under antiseptic influence, the inter-articular ligaments of the joint, with peculiar hook-like knives, and following the operation by extension of the limb, in certain cases ordinarily submitted to excision.

Mr. Lund also showed in the Museum of the Association a number of ingenious appliances for the treatment of joint-disease and for other surgical uses.

In the Section on Public Medicine, its President, W. H. Michael, Esq., barrister-at-law, said that "public medicine, which might be taken to include any medical

service paid for out of funds raised by taxation or rates, must of necessity have to deal with other phases of medical practice than those within the sphere of the private medical practitioner, so called.

"There was a misconception on the part of some friends of sanitary effort tending in a direction more dangerous to progress than absolute opposition. It was asserted as probable that by preventive medicine we might indeed save life, but that we saved only the lowest, least valuable, and most imbecile form of it, and this tended to the degeneration, while we added to the number of the population. Nothing could be more fallacious, or, if unanswered, would completely while insidiously check and paralyze sanitary action. It was attributed to the late illustrious Professor Liebig that he enunciated the axiom that disease began where resistance ended; and if so, this sentence contained the germ of the error into which writers like Kingsley and Herbert Spencer had fallen when writing on the subject of public health. The real fact was that sanitary measures would tend to perpetuate a race endowed with greater power and vitality than that of any preceding age. Besides this, it must be borne in mind that it was not the weak, the decrepit, and the infirm who were always the victims of zymotic or preventible diseases, seeing that there were whole classes of those diseases which especially selected for their victims those who were in the prime of life,—the strong, the active, and the robust."

On the same subject, at the general meeting, Dr. Rumsey presented a draft of a report of the State Medical Qualification Committee, which recommends the establishment in each division of the kingdom of a uniform qualification in state medicine, to be held in future, besides the license to practise, by all persons before they are elected to hold any public medical office the salary of which is paid out of rates or taxes.

Dr. Sims delivered an address on the subject of the management of the pedicle in ovariectomy, recanting some of the objections he formerly made to the use of the clamp, and stating his present practice of using a very simple and readily extemporized clamp of thick iron wire, adjusted on the pedicle under tension of an écraseur.

Mr. Cadge, of the Norwich Hospital, delivered an excellent address before the Surgical Section on the subject of urinary calculus, particularly in reference to the extraordinary prevalence of the affection in that particular part of the country, and which is greater than in any other region in the world. I was particularly impressed with his reference to such factors in the tendency to calculus as the use of water impregnated with lime, in combination with the habits of the people in consuming food of a character likely to produce indigestion. He spoke of the common diet of boiled dough in the form of greasy dumplings or puddings, with sour beer as a beverage. I thought of somewhat similar influences that exist in some limestone regions of America where calculus is very prevalent, such as the diet of heavy, sodden, and doughy bread, and the greasy

and indigestible products of the inevitable frying-pan, which are notoriously productive of indigestion of an acid form. Mr. Cadge has *never seen calculus among children who were fed on a proper milk-diet*, and he accounted for the comparative exemption of Irish and Scotch children by their universal consumption of such food.

During the continuance of the meeting, some French physicians attempted to give demonstrations of the antagonism of alcohol and absinthe, by injecting those substances alternately into the veins of animals. The demonstration, although not carried out to the extent contemplated, was quite clear; but the necessary vivisections led to much excitement and violent opposition, that brought the affair to a sudden conclusion. The incisions made to expose the femoral vein and to prepare it for the injection were made without anaesthesia, and were done in an unsurgical and bungling manner. It may have been essential for proper success of the experiments to avoid the impression of anaesthesia on the nervous system of the animals, but it does seem practicable that the operations of exposing the vessels might have been previously performed under anaesthetics, thus allowing full time for recovery from their influence before the physiological experiments were made. The opposition to the vivisections, which were performed in a small room adjoining that of the general meeting, became violent and turbulent, especially under the influence of some excited citizens of the place who had made their way into the room.

One dog had been sacrificed to the toxic injection, and another was recovering under the antidotal influence of an antagonistic remedy, when the proceedings were suddenly concluded, and some previously-condemned cats were literally "let out of the bag." The sentiment was freely expressed that vivisection without anaesthesia for scientific *investigation* may be proper, but for the mere *demonstration of known facts* will not be tolerated by the profession. Such views may not be in accordance with "the way they do things in France," but the general impression of those present evinced the conviction that science and humanity should work in harmony.

Mr. Croft, of St. Thomas's Hospital, London, presented the subject of "Sub-periosteal Excision of the Hip-Joint," after the general manner of Dr. Sayre, of New York, and which that surgeon had introduced into European practice.

Dr. J. Marion Sims, of New York, spoke of his experience of the subject from his observation of operations performed by Dr. Sayre, and of the excellent results obtained.

Dr. Sims made the following remarks on Nélaton's method of resuscitation from chloroform-narcosis:

"Dr. Charles James Campbell, the distinguished accoucheur of Paris, has recently written two papers on anaesthesia in obstetrics,* in which he ably sustains the views long taught by Nélaton, that death from chloro-

form is due to syncope or cerebral anaemia. And, among other strong arguments to prove his position, he gave a graphic description of a case of chloroform-narcosis which occurred in my practice in Paris, where M. Nélaton, by his method, unquestionably saved the life of the patient. She was young, beautiful, and accomplished, and belonged to one of the oldest and best families in France. Married at twenty, she gave birth to her first child a year afterwards. The head was enormous (hydrocephalic), impacted in the pelvis nearly twenty-four hours, and the delivery of a dead child was ultimately accomplished with instruments. Dr. Bouchacour, of Lyons, was called in consultation, and applied the forceps. In a week afterwards, the urine began to dribble away, and in a fortnight an immense slough was thrown off. The case, surgically considered, was one of the most interesting I ever saw, and the operation was one of the most difficult I ever performed on any one in her station in life. The base of the bladder was destroyed, and the fundus fell through the fistulous opening: it was therefore inverted and protruded between the labia majora as a herniary mass of the size of an apricot, its external covering being the internal or lining membrane of the bladder, which was of a deep vermilion-red color. The vaginal portion of the cervix uteri and the posterior cul-de-sac were destroyed; and by the reparative process the cervix and the posterior wall of the vagina were blended into one common cicatricial mass, which was firm, inelastic, and immovable. The case appeared desperate, and M. Nélaton had pronounced it incurable. A preparatory operation was necessary,—viz., to open the cervix uteri by dissecting it from the posterior wall of the vagina, and thus to reconstitute the canal of the vagina up to the canal of the cervix, and by a subsequent operation to draw forward the flap thus formed, secure it to the neck of the bladder anteriorly, and thereby close the fistula. The first or preparatory operation was performed at the country-house of the family, near Dijon, on November 3, 1861, Dr. Dugast, of Dijon, assisting, and giving chloroform. The second, or operation for the radical cure, was performed on the 19th of the month, at St.-Germain, about an hour's distance from Paris by rail. M. Nélaton, Dr. Campbell, Dr. Beylard, Dr. Johnston, and Mr. (now Dr.) Alan Herbert, were present. I seldom give an anaesthetic in private practice for operation on the walls of the vagina, as the pain is generally not sufficient to call for it. But in this case, as the slightest touch was unbearable, an anaesthetic was indispensable. Dr. Campbell was selected by the family, as well as by M. Nélaton and myself, to administer the chloroform, especially as he was in the daily habit of giving it in his large obstetrical practice, and we all had entire confidence in his caution, skill, and judgment. The patient was soon anaesthetized. The operation was begun at 10 A.M., and I thought it would require about an hour to finish it.

"Many years ago I imbibed the convictions of my countrymen against chloroform in general surgery, and have always used ether in preference, never feeling the

* 1. Mémoire sur l'Anesthésie obstétricale; 2. Etude sur la Tolérance anesthésique obstétricale, par le Dr. Charles James Campbell, ancien Interne de la Maternité de Paris, ancien Chef de Clinique obstétricale de la Faculté de Paris. G. Masson. 1874.

least dread of danger from it under any circumstances. It is otherwise with chloroform; and in this particular case I felt the greatest anxiety, frequently stopping during the operation to ask Dr. Campbell if all was going on well with the patient. At the end of forty minutes the sutures (twelve or thirteen) were all placed, and ready to be secured, and I was secretly congratulating myself that the operation would be finished in a few minutes more, when all at once I discovered an unusual bluish livid appearance of the vagina, as if the blood were stagnant, and I called Dr. Johnston's attention to it. As this lividity seemed to increase, I felt rather uneasy about it, and I asked Dr. Campbell if all was right with the pulse. He replied, 'All right; go on.' Scarcely were these words uttered, when he suddenly cried out, 'Stop! stop! No pulse, no breathing;' and, looking to M. Nélaton, he said, 'Tête en bas, n'est-ce pas?' Nélaton replied, 'Certainly; there is nothing else to do.' Immediately the body was inverted, the head hanging down, while the heels were raised high in the air by Dr. Johnston, the legs resting one on each of his shoulders. Dr. Campbell supported the thorax. Mr. Herbert was sent to an adjoining room for a spoon, with the handle of which the jaws were held open, and I handed M. Nélaton a tenaculum, which he hooked into the tongue and gave in charge to Mr. Herbert; while to Dr. Beylard was assigned the duty of making efforts at artificial respiration, by pressure alternately on the thorax and abdomen. M. Nélaton ordered and overlooked every movement, while I stood aloof and watched the proceedings with, of course, the most intense anxiety. They held the patient in this inverted position for a long time, before there was any manifestation of returning life. Dr. Campbell in his report says it was fifteen minutes, and that it seemed an age. My notes of the case, written a few hours afterwards, make it twenty minutes. Be this as it may, the time was so long that I thought it useless to make any further efforts, and I said, 'Gentlemen, she is certainly dead, and you might as well let her alone.' But the great and good Nélaton never lost hope, and by his quiet, cool, brave manner he seemed to infuse his spirit into his aids. At last there was a feeble inspiration, and after a long time another, and by-and-by another; and then the breathing became pretty regular, and Dr. Campbell said, 'The pulse returns, thank God; she will soon be all right again.' Dr. Beylard, who always sees the cheerful side of everything in life, was disposed to laugh at the fear I manifested for the safety of our patient. I must confess that never before or since have I felt such a grave responsibility. When the pulse and respiration were well re-established, M. Nélaton ordered the patient to be laid on the table. This was done gently. But what was our horror when at the moment the body was placed horizontally the pulse and breathing instantly ceased! Quick as thought the body was again inverted, the head downwards and the feet over Dr. Johnston's shoulders, and the same manœuvres as before were put in execution. Dr. Campbell thinks it did not take

such a long time to re-establish the action of the lungs and heart as in the first instance. It may have lacked a few seconds of the time; but it seemed to me to be quite as long; for the same tedious, painful, protracted, and anxious efforts were made as before, and she seemed, if possible, more dead than before; but, thanks to the brave men who had her in charge, feeble signs of returning life eventually made their appearance. Respiration was at first irregular and at long intervals; soon it became more regular, and the pulse could then be counted; but it was very feeble and would intermit. I began again to be hopeful, and even dared to think that at last there was an end of this dreadful suspense, when they laid her horizontally on the table again, saying, 'She is all right this time.' To witness two such painful scenes of danger to a young and valuable life, and to experience such agony of anxiety, produced a tension of heart and mind and soul that cannot be imagined. What, then, must have been our dismay, our feeling of despair, when, incredible as it may seem, the moment the body was laid in the horizontal position again, the respiration ceased a third time, the pulse was gone, and she looked the perfect picture of death! Then I gave up all as lost; for I thought that the blood was so poisoned, so charged with chloroform, that it was no longer able to sustain life. But Nélaton, and Campbell, and Johnston, and Beylard, and Herbert, by a consentaneous effort, quickly inverted the body a third time, thus throwing all the blood possible to the brain, and again they began their efforts at artificial respiration. It seemed to me that she would never breathe again; but at last there was a spasmodic gasp, and after a long while there was another effort at inspiration, and after another long interval there was a third; they were 'far between;' then we watched, and waited, and wondered if there would ever be a fourth. At length it came, and more profoundly, and there was a long yawn, and the respiration became tolerably regular. Soon Dr. Beylard says, 'I feel the pulse again, but it is very weak.' Nélaton, after some moments, ejaculates, 'The color of the tongue and lips is more natural.' Campbell says, 'The vomiting is favorable; see, she moves her hands; she is pushing against me.' But I was by no means sure that these movements were not merely signs of the last death-struggle, and so I expressed myself. Presently Dr. Johnston said, 'See here, doctor; see how she kicks; she is coming round again;' and very soon they all said, 'She is safe at last.' I replied, 'For heaven's sake, keep her safe; I beg you will not put her on the table again till she is conscious.' This was the first and only suggestion I made during all these anxious moments, and it was acted upon; for she was held in the vertical position till she, in a manner, recovered semi-consciousness, opened her eyes, looked wildly around, and asked what was the matter. She was then, and not till then, laid on the table, and all present felt quite as solemn and as thankful as I did; and we all in turn grasped Nélaton's hand and thanked him for having saved the life of this lovely woman.

"In a few minutes more the operation was finished, but, of course, without chloroform. The sutures were quickly assorted and separately twisted, and the patient put to bed; and on the eighth day thereafter I had the happiness to remove the sutures in the presence of M. Nélaton, and to show him the success of the operation.

"I have detailed the circumstances of this interesting case at great length, because I believe it goes as far to establish a principle of treatment as any one case ever did, or possibly can.

"If the recovery had been complete and perfect with the first effort at reversing the body, there might have been a doubt whether the vertical position was really the cause of resuscitation; but when the horizontal position was again and again followed by a cessation of all evidence of life, and when life was again and again re-established by a position that favored only the gravitation of the blood (poisoned as it was) to the brain, the inference is very clear that death in such cases is due to syncope or cerebral anæmia. Exhaust the brain of blood in any way, and death follows. Fill it speedily with blood again, and life returns.

"I have another case to relate, which goes far to establish the principle of treatment in chloroform-narcosis so forcibly illustrated by the case at St.-Germain.

"In January, 1873, I amputated the cervix uteri at the Woman's Hospital, drew the vaginal tissue over the stump, and secured it by silver sutures. The junior house-surgeon gave the anæsthetic. When the operation was nearly finished, he cried out, 'The patient has stopped breathing,' and immediately added, 'She has no pulse.' As before stated, I always use ether as an anæsthetic, and could not realize the fact that my patient was in any danger whatever till I was told that they were giving her a mixture of chloroform and ether (one part to four) which some of the surgeons had been using a few days previously. On examining the patient, I found her, as it were, dead; there was not the slightest muscular rigidity; the arms and head fell by their own gravity in any way they were directed; the neck was as limber as if it were a mere band of soft linen stretching from the head to the trunk; there was not the least sign of breathing or of the pulse; she was, to all intents and purposes, dead; and I believe she would certainly have remained so if she had been left alone; and I doubt very much whether she could possibly have been resuscitated by any other method than that of Nélaton's.

"I quickly inverted the body, and had it held thus, and then I shook the thorax, agitating the head laterally, so as to add an impetus to the movement of the blood, which, with the body in this vertical position, would naturally gravitate towards the brain; the jaws were held asunder, and the tongue hooked with a tenaculum and pulled forward. In a few minutes the breathing was re-established, and then the pulse returned; and soon the patient was placed again on the table in the lateral semi-prone position in which all my operations on the uterus are performed; and the operation was finished, but without any more of the anæsthetic.

"These two cases comprise my personal experience with Nélaton's method in chloroform-narcosis.

"The *New Orleans Medical and Surgical Journal* for November, 1873, says, 'In the course of an extended experience in the administration of chloroform, it has happened three times to Dr. M. Schuppert that, to all appearances, the narcotized subject died,—that is, respiration ceased, the heart stopped beating, and muscular contractility became extinct. The method he adopted for resuscitating these patients consisted in reversing the body, either by hanging them up by the feet, or laying them over a bed or table, so that the greater part of the body with the head hung down. In that position artificial respiration was also tried. In one case five minutes elapsed before there was a natural inhalation. All of them recovered. Dr. Schuppert believes that in cases of death from chloroform the primary cause of the cessation of the respiration and circulation rests in anæmia of the brain, and not in impregnation of the blood with carbonic acid.'

"Another American authority, Dr. E. L. Holmes (*Chicago Medical Journal*, September, 1868), says that whenever there is any failure of the heart's action, as is nearly always the case, the body should be laid at an angle of 40°, with the head downwards, so as to favor the passage of arterialized blood to the brain.

"I take it for granted that Dr. Schuppert and Dr. Holmes must have obtained their knowledge of this method of resuscitation either directly or indirectly from the teachings of Nélaton; for he had for years been in the habit of explaining his method in his lectures and at his *cliniques*, and Dr. Johnston published an account of it in the American papers in 1861. Ten years ago there was a story prevalent in Paris that M. Nélaton had derived the hint of reversing the body in chloroform-poisoning from a discovery accidentally made by his little son, then some seven or eight years old; that the little boy had killed some mice with chloroform; that, without thought or reason, he had taken up a dead mouse by the tail, and was twirling it round, when, to his surprise, it began to manifest signs of life, and recovered entirely, while the mice left lying were dead; and that the great surgeon was thus taught a great lesson, if not by babes and sucklings, at least by a little boy. This is a very pretty story as it is, and it seems a pity to spoil it. A few days ago, when in Paris, I called to see young Nélaton (who is now a student of medicine, and will graduate next year), and I asked him for the facts of the mouse-story. He said that when they lived on the Quai Voltaire the house was infested with mice; that great numbers were caught in traps almost daily; that he was in the habit of killing them with chloroform by covering the trap with a napkin and pouring the chloroform on it; and that his only idea was that of an easy death for the mice. One day, when he had given a happy dispatch to some mice, his father accidentally came into the room, and, seeing the dead mice, he told his son if he would take up one by the tail and hold it with the head downwards, it would revive, while the others would not. He did this, and found it was

true. And he told me that he had, when a boy, performed the same experiment on mice some forty or fifty times or more, and always with the same unvarying result. He says that he has often heard his father speak not only of the case that occurred at St.-Germain, but of other cases that he had saved in the same way before the time of the mouse-story, which dates back to 1857 or 1858.

"As the facts now laid before you fully explain themselves, it is unnecessary for me to indulge in any lengthened remarks on the subject. In my own country the accoucheurs often use chloroform, and the surgeons mostly use ether. I believe there has not as yet been a single death from chloroform given during labor; while deaths from it in general surgery occur constantly and for unimportant operations. There must be a reason for this. I believe that it can be explained only on the theory that death from chloroform is, as a rule, due to syncope or cerebral anæmia. Now, we know that in active labor there can be no cerebral anæmia, for every pain throws the blood violently to the head, producing fulness and congestion of the blood-vessels, thereby counteracting the tendency of the chloroform to produce a contrary condition. It may be said that the recumbent position has some influence in determining the safety of chloroform in labor; and so it has; but it gives no immunity under other circumstances. Chloroform given intermittently, as in labor, is thought to be less dangerous; but patients in labor are often kept for hours under its influence with safety, and occasionally it is necessary to produce complete and profound narcosis in some obstetrical operations; and yet I believe I can safely reiterate what I have already said, that no woman has as yet died in labor from the effects of this anæsthetic. In puerperal convulsions, where the brain is believed to be overcharged with blood,—and that, too, when the blood is known to be poisoned with urea,—we formerly bled the patient, and we do so now sometimes; but our chief remedy is chloroform, which acts by arresting spasmodic movements, and by producing that very state of cerebral anæmia so necessary to a successful result. Whether puerperal convulsions are less frequent in labors under chloroform than in those without it, I do not know.

"I believe that obstetrics may take a lesson from Nélaton's method of resuscitation, by adopting it in cases of threatened death from post-partum hemorrhage. Let us not be satisfied with simply placing the head low; but let us, in addition to the means usually adopted, invert the body, and throw what little blood there is left in it wholly to the brain. I have never seen a death from uterine hemorrhage; but, from recollections of the few alarming cases I have witnessed, I now feel sure that recovery might have been hastened if I had known of and adopted Nélaton's method of inversion.

"Whether death from chloroform is due to cerebral anæmia or not, it is at least safe to adopt Nélaton's method in all cases of supposed or threatened danger; but I think the safest plan is to relinquish the use of

chloroform altogether, except in obstetrics. The frequent cases of death from the use of chloroform in surgical operations that have occurred among us, even of late, should warn us to give up this dangerous agent, if we can find another that is as efficient and at the same time free from danger. Ether fulfils the indications to a remarkable degree; but, while it is safe, it is, unfortunately, unpleasant to the physician and bystanders, as well as to the patient. He who will give us an anæsthetic as pleasant to take as chloroform and as safe as ether will confer the greatest boon upon science and humanity."

R. J. LEVIS, M.D.

GLEANINGS FROM OUR EXCHANGES.

DIFFERENTIATION OF INTESTINAL INVAGINATION.—Dr. O. Leichtenstein, in an article on invagination (*Archiv f. Prakt. Heilk.*, 4, 1873), refers to the following points for the differentiation of invagination of the small from that of the large intestine: 1. Invagination of the small intestine but rarely occurs during the first year of life, as also rarely during childhood in general. 2. In adults, the course of the attack in invagination of the ileum is more rapid, the phenomena more severe, than in ileo-cæcal and colon invaginations. Chronic cases are rare in invaginations of the small intestine, more frequent in those of the ileo-cæcum and colon. Severe symptoms of collapse occur more frequently in the beginning of the disease. 3. Muco-sanguinolent discharges are the rule in all invaginations, whatever their seat. Fecal evacuations, entirely normal in character (after preceding diarrhœa), were observed in ileo-cæcal invaginations, once in a colon invagination, the patient being an adult. 4. Meteorism is a very variable symptom. It is usually absent in ileo-cæcal invaginations. In invaginations of the descending colon it was frequently recognized as affecting the transverse colon, and subsequently spread over the whole abdomen. In invagination of the ileum it was occasionally found to be confined principally to the central abdominal region, with exemption of the lateral portions and epigastrium. 5. Tenesmus is rare in invagination of the ileum, frequent in that of the colon and ileo-cæcum. 6. The tumor is usually absent in ileum invagination. Its seat in the centre of the hypogastrium speaks for this variety; when situated in the cæcal region, especially when it remains stationary for some time, it indicates ileum or ileo-cæcal invagination. The spread of the tumor, when occurring suddenly and corresponding to the course of the colon, speaks more for ileo-cæcal, less for colon invagination, and excludes ileum invagination. The seat of the tumor in the left lateral portions of the abdomen would indicate ileo-cæcal or colon invagination. The tumor can never be felt in the rectum, and prolapse through the latter never occurs in uncomplicated ileum invagination. Changes in the consistency, occurrence, and disappearance of the tumor were especially observed in ileo-cæcal invagination.—*New York Medical Journal*, Sept. 1874.

LUXATION OF THE TENDON OF THE TENSOR VAGINÆ FEMORIS.—Dr. Ardennet, of Foissac, reports the following case: He was recently consulted by a laborer, who stated that, while engaged in the field at labor which required great efforts on the part of the inferior extremities, he suddenly experienced an acute pain in the right knee. On examination, the most apparent symptom was the acuteness of the pain when the right leg was moved. The leg was flexed, and with some

difficulty the author succeeded in extending it. A small tumor was then found located behind and above the external condyle of the femur, which was very tender on pressure, and connected with a cord which extended downward and from within outward. The author thereupon made the diagnosis of luxation of the tensor of the fascia lata, produced by extraordinary muscular effort, and after several attempts succeeded in replacing it in its normal position. This was accomplished by exerting pressure from without inward with the thumb of the right hand while the left sustained the limb. As soon as the tendon recovered its normal position, anterior to the external condyle, the patient experienced complete relief and could walk without pain or difficulty, and on the following day returned to his customary duties.—*New York Medical Journal*, Sept. 1874; from *Journal de Thérap.*, 1874.

A HERMAPHRODITE.—The London *Lancet*, Aug. 22, 1874, gives the following account of an individual who appears to be a true hermaphrodite:

The breasts present all the characters of the female sex, so that the upper part of the trunk has quite a feminine appearance. The generative organs, on the other hand, constitute an apparatus composed of parts belonging to both sexes. It appears as if the right side belongs specially to the male (and it is to be noted that the right side of the face looks masculine as compared with the left). In the centre a rudimentary penis is observed, the glans of which is somewhat furrowed at its end. The urethra opens at the base of the penis, forming a scrotal slit, this disposition giving rise to a variety of hypospadias. The prepuce is largely developed, very loose, and bound with a thick indented ridge, as is seen in the nymphæ. On the right side is seen the scrotum containing one testicle, whilst none exists on the left. The whole scrotum looks much like the labia majora, and when the finger is introduced between the two pendent halves and under the penis, it finds a cavity much resembling the vagina, though ending in a cul-de-sac. A female catheter, introduced into the meatus, and pushed horizontally (when the individual is standing), comes probably against a rudimentary uterus. When the catheter is directed upwards, it passes into the bladder.

This individual regularly menstruated through the meatus urinarius up to the age of forty-four, so that it must be inferred that the ovaries are more than rudimentary. Doubts as to the reality of menstruation in this case were raised; but the testimony of Recklinghausen, Kölliker, and Scanzoni, who saw the function performed, is sufficient to settle the question. Hence we find, in the same being, the combination of the secreting organs belonging to both sexes. Spermatozoa have been found in the liquor seminis. The propensities of both sexes are thus observed in one being, and have, according to the individual's assertions, been satisfied.

INFLUENCE OF DIET UPON THE PROPORTION OF THE WHITE BLOOD-GLOBULES.—Wilbouchevich concludes as the result of several observations upon anæmic subjects that "a purely vegetable diet has an evident effect upon the proportion of the white blood-globules," increasing them from the normal proportion of one to six hundred red globules to one to sixty-six and one to one hundred and thirty-eight.—*Le Progrès Médical*, June 20.

UMBILICAL GONORRHOEA.—A unique case of this singular malady is recorded in the *Gazzetta Medica Italiana*, from the *Giorn. Ital. delle Mal. Ven.* It occurred in a youth of 19, already laboring under ordinary gonorrhœa, and doubtless ensued from the contact of matter, and was removed by astringent solutions of the acetate of lead and sulphate of zinc.

NOTES AND QUERIES.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

DEAR SIR,—The *Times* of August 29 contains an editorial entitled "Wanted,—Leaders for a New Crusade," in which I have been much interested, not only in the main point of the article, but in the side-issues raised "in passing."

Among them, the statement that "the time for the discussion of the subject of 'women-doctors' has gone by," that "the movement will stand or fall by its results before the *lay public*," seems to me a just and true one. The objection implied, rather than avowed, in your opening paragraph, viz., "Antipathy to the hard-featured, loud-tongued, masculine woman, fitted by nature for the platform and the hustings," is greatly weakened by the admission, also implied, in connection with the advocacy of female pharmacists. "No nightmare of Mrs. Partington's sweeping his sex from the old fields of labor breaks his rest; no vision of displacement haunts his day." Do the objections to "women-doctors," among those who have so long held "undisputed possession" of the labors and emoluments of the medical profession, rest upon what is believed to be their natural unfitness, or is it a question of rivalry and fear of being swept from the field, as the statements above quoted would seem to indicate?

The danger of a "square peg" forcing a round one from its occupancy of a "round hole" can never be imminent; in short, these various lines of argument prove too much, and "the conviction that woman was unfitted by nature for the positions into which she was being forced" does not seem to refer to the same woman who is "fitted by nature for the platform and the hustings."

I must confess to having laid down the article with a sense of confusion, perhaps due to the fact of not having been endowed by nature with "the coolest of heads and the calmest of nerves." However, having read other editorials from the same pen with great satisfaction, and with no disturbance of mental balance, I am convinced that the difficulty with the one under discussion is inherent in the subject,—a bad cause necessarily rendering a good argument impossible.

The association of ideas found in your allusion to "free love" seems to me an unfair one: as a medical woman, I protest against it. That a few of both men and women are found so lost to the feelings of true manhood and womanhood as to advocate the doctrine spoken of, must be a grief to all lovers of good order and morality. But women who are working quietly under the protection and warrant of a regularly-chartered institution, whose curriculum of study will stand comparison with that of any of the leading medical institutions of the land, are not to be even remotely associated, in spirit and motive, with the social "Bohemians" who hang upon the outskirts of "the extreme woman's-rights movement," the vitality of which you recognize; and, while you express a true appreciation of the causes of this vitality, I believe there is an element in it which you fail to recognize, viz., a determination on the part of woman to find food for the intellectual hunger which is her natural birth-right, and "to exercise the powers with which she has been endowed, in accordance with her own convictions and feelings."

Your want of faith in "the general adaptability of the sex to the calling of the physician" has a large foundation in fact, looking at the profession exclusively upon the side of its labors, its exposures, and its demands upon the physical and mental powers generally. But there is another side of medical professional life, often ignored in the discussion of this question. There is, if I mistake not, as frequent demand upon the physician for patience, gentleness, charitable judgment, and warm sympathy with suffering, for the insight which comes through those qualities generally conceded pre-eminently to woman, as for the sterner traits justly attributed to man. Human nature includes the two phases, male and female; and I believe that the medical profession more perhaps than any other, certainly not less than the long-conceded fields of teaching, literature, and art, has room for both men and women; and, while a large part of its work may undoubtedly be done equally well by either, there is much in it that neither can do as successfully as the other,—a place where each may sleep "the sleep of undisputed possession, haunted by no vision of displacement" or "nightmare of Mrs. Partington's broom."

Your suggestion of the profession of pharmacy as suited to women strikes me favorably,—more so, by far, than the reasons assigned for it, viz., that it requires "no cool head and calm nerves," "no clear judgment," "no physical powers to bear active toil and exposure," and only a fair measure of intelligence, for its successful prosecution. The "male pharmacist" will hardly cry, "Mawsh Awllaw! God be praised!" as he reads; and the implied distrust of the purity of the motives of medical women can hardly fail to suggest another view of the matter to every candid mind. The fact that women have sought the more arduous duties of the medical profession before making any attempt in the direction of one

which imposes less self-denial and hardship while offering equal pecuniary rewards, is evidence that they have been impelled by a higher motive than mere improvement of their own condition at the least possible expense of exertion and responsibility,—that the step, in fact, has been taken in response to a demand of society for their services in departments of the profession which cannot be as suitably filled by men. Your proposition, nevertheless, is a good one; and many women who do not feel like assuming the responsibilities and anxieties of the physician's life would find in the profession of pharmacy an agreeable outlet for their energies, and a means of securing comfortable fortunes. I am reminded, however, of the farmer whose judgment in a certain case depended upon the question whether it was his own or his neighbor's ox that had been gored. The pharmacists evidently take a different view of the matter from the one you advocate. Several women have applied for admission to the Philadelphia College of Pharmacy without success. One of them, compelled to look in more liberal New York for what was refused her here, expects to graduate there next spring. Another, after seeking the necessary apprenticeship of numerous druggists in this city, who were all willing, and even anxious, that some other, *other* druggist should receive her, was finally rewarded for her perseverance by finding a man with a soul large enough for the emergency, who admitted her to his laboratory. Though the most scrupulously exact and careful of druggists, he finds her work satisfactory, and exhibits her tinctures and ointments as triumphs of the art. The corporators of the "Woman's Medical College" of this city look forward to a School of Pharmacy in connection with the medical school, as part of a plan for enlarging the opportunities for women. The new college building, to be completed in February next, will have accommodations for such a school, also for a department of dentistry.

Thus, some of the obstructions to "new avenues for suitable employment for women" are gradually disappearing, and I trust that the time so long talked of as "not far distant" is really near, when women, seeking admission to the various colleges and universities, instead of being cordially invited to "apply next door," will hear the more welcome summons to "walk in" and accept the "freedom" of the institution.

In all seriousness, I believe that there can be no real conflict of interests between men and women in the medical or any other profession, or in any department of labor whatever, since there is a mutual dependence of each upon the other, bringing mutual good; nor can either be superior to the other in any true and large sense, for both are but

"Parts and proportions of a wondrous whole."

And I think that I speak for the women of the profession in saying that it is not with them a question of equality with men,—above all, not a question of rivalry with men,—but it is the *vital* question of *individual* privilege and *individual* development of such satisfying education as shall secure to themselves enlarged activities, with the emoluments naturally accruing therefrom, as well as a question of increased opportunities for serving humanity, especially among the weak and suffering of their own sex. Could those who doubt the expediency of the admission of women to the medical profession have an opportunity of seeing our students at their work; could they witness for themselves their earnest pursuit of knowledge for its own sake, their eager search for truth among conflicting testimonies upon medical questions, their brave exertions in overcoming a natural repugnance to some of the details of the study, for the sake of accuracy and in the cause of scientific investigation, I am confident that, though prejudice might not yield to a feeling of positive admiration, at least a sense of justice would impel them to the removal of every obstacle in the way of the honest endeavor of those who, in the language of one whose professional life, not long since ended, is the special heritage of every earnest medical woman, hold themselves "accountable to God for the use of the powers which He has given them;" who believe that "their work is established in the fitness of things and in the necessities of society, and that the movement belongs to the 'revolutions which never go backward.'"

FRANCES EMILY WHITE, M.D.

[The editor of the *Times* feels that an apology is required for the occupation of so much space by so long a letter upon a subject which it has already been stated is not in a stage for profitable discussion. The letter was admitted partly because it is well written, although overlengthy, but largely because, if it and the other letters of like import but less ability received upon the same topic were declined, the accusation would be made, or might be made, that the *Times* refused to let both sides of the question be heard. We do not propose to be drawn into any discussion of the merits and demerits of women-doctors, but we certainly may be allowed to remark that all our fair critics show a "confusion" of thought about our editorial which is exceeding strange. We never said or implied that women-doctors were addicted to "free love." The plan of the editorial was, in a few words, as follows:—The extreme woman's-rights

movement has vitality, although repugnant to most men and allied to vile practices, because underlying it, not forming part of it, is the right of women to better employment,—a right which all good men acknowledge. The opposition to women-doctors [in so far as it was sincere, for, of course, it was founded on mixed motives] rested on the idea that they are not fitted for the calling, about which there is room for difference of opinion; but concerning pharmacy no such room is apparent.—Probably the subject touches too closely the feelings of those immediately concerned to allow their reasoning powers a fair chance, and hence the many ghosts of inferences which rise; otherwise the logical acumen of our critics must be very trifling. In regard to the sincerity of those who opposed the "women-doctors" movement some years ago in this city, we may state that with scarcely an exception the leaders were men who, from age, position, or other circumstances, had no possible interest at stake.]

EXON.—Philadelphia is so far behind the times as not to have the employment of medical assistants, as a general thing. In regard to getting into private practice, we have only one item of advice to offer, namely, *avoid* Philadelphia. Unless you can find some established practitioner to help, we know of no other way than to select some locality not overcrowded with men of ability, open an office, and do your best. It is possible that, by advertising, a position as assistant might be obtained in some part of the country.

OBITUARY.

WARREN.—In Cairo, Egypt, on the 27th day of June last, William Christian, aged eleven months and fifteen days, the only son of Dr. Edward Warren and Mrs. Elizabeth C. Warren.

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY, FROM SEPTEMBER 8 TO SEPTEMBER 14, 1874, INCLUSIVE.

ABADIE, E. H., SURGEON.—Relieved from duty in Military Division of the Atlantic, to proceed to St. Louis, Missouri, and await orders. S. O. 200, A. G. O., September 11, 1874.

SUMMERS, JOHN E., SURGEON.—To report to Commanding General, Department of the Platte, for assignment to duty as Medical Director of that Department. S. O. 200, c. s., A. G. O.

SMITH, J. R., SURGEON.—Assigned to duty as Post-Surgeon at Fort Monroe, Virginia. S. O. 200, c. s., A. G. O.

WRIGHT, J. P., SURGEON.—Assigned to duty as Chief Medical Officer, District of New Mexico. S. O. 96, District of New Mexico, September 7, 1874.

STORROW, S. A., ASSISTANT-SURGEON.—To report in person to the Commanding General, Department of California, for assignment to duty. S. O. 200, c. s., A. G. O.

NOTSON, WILLIAM H., ASSISTANT-SURGEON.—Ordered to New York City for examination for promotion before the Army Medical Board, and at its conclusion to report to the Commanding General, Department of the Platte, for assignment. S. O. 200, c. s., A. G. O.

WILLIAMS, J. W., ASSISTANT-SURGEON.—Assigned to duty as Post-Surgeon at Fort Rice, Dakota Territory. S. O. 193, Department of Dakota, September 5, 1874.

KINSMAN, J. H., ASSISTANT-SURGEON.—Granted leave of absence for one month, with permission to apply for an extension of five months. S. O. 189, Department of Dakota, August 31, 1874.

BARTHOLOMEW, JOHN H., ASSISTANT-SURGEON.—Ordered to New York City for examination for promotion before the Army Medical Board, and at its conclusion to report to the Commanding General, Department of the Columbia, for assignment. S. O. 200, c. s., A. G. O.

CARVALLO, C., ASSISTANT-SURGEON.—Ordered to New York City for examination for promotion before the Army Medical Board, and at its conclusion to report to the Commanding General, Department of the Missouri, for assignment. S. O. 200, c. s., A. G. O.

LAUDERDALE, J. V., ASSISTANT-SURGEON.—Assigned to duty at Fort Wingate, New Mexico. S. O. 143, Department of the Missouri, September 10, 1874.

LORING, L. Y., ASSISTANT-SURGEON.—To accompany Battalion of 8th Infantry to Fort Yuma, California, on steamer which leaves September 5. S. O. 100, Military Division of the Pacific, August 31, 1874.

ELBREV, F. W., ASSISTANT-SURGEON.—Ordered to New York City for examination for promotion before the Army Medical Board, and on its conclusion to report by letter to the Surgeon-General. S. O. 200, c. s., A. G. O.

HALL, J. D., ASSISTANT-SURGEON.—Assigned to duty as Post-Surgeon at Fort Benton, M. T. S. O. 193, c. s., Department of Dakota.